2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N99000005483

Entity Name: PINECREST ESTATES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PINECREST ESTATES HOMEOWNER'S ASSOC
ORLANDO, FL 32811

New Principal Place of Business:

1661 AARON AVENUE
ORLANDO, FL 32811

Current Mailing Address:

1661 AARON AVE.
ORLANDO, FL 32811

New Mailing Address:

1661 AARON AVENUE
ORLANDO, FL 32811

FEI Number: 59-3635140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALCOTT, MAVIS
1661 AARON AVE.
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALCOTT, MAVIS T
Address: 1661 AARON AVE.
City-St-Zip: ORLANDO, FL 32811

Title: VD ( ) Delete
Name: PALMER, MARIE B
Address: 4294 NIMONS ST.
City-St-Zip: ORLANDO, FL 32811

Title: SD ( ) Delete
Name: EZELL, SHIRLEY
Address: 1653 AARON AVE.
City-St-Zip: ORLANDO, FL 32811

Title: TD ( ) Delete
Name: BELL, NAOMI
Address: 1654 CRESTLAWN AVE
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAVIS T. WALCOTT PRES 05/01/2009

Electronic Signature of Signing Officer or Director — Date